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Cancer is a product of policies o energy, buildings, food, and manufacturing

BY DEVRA LEE DAVIS, OPINION CONTRIBUTOR - 02/14/17 06:00 PM EST

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Forty-five years ago <u>President Richard Nixon</u> declared that "the time has come in America when the same kind of concentrated effort that split the atom and took man to the moon should be turned toward conquering cancer."

Some four decades and more than \$120 billion later Republicans have added more money to the National Cancer Institute budget than requested by President Obama to fund another Cancer Moonshot — bringing the total to more than \$5 billion this year.

It might be a good idea to ask what have we won so far? We have made tremendous progress in treating relatively rare cancers of children. Breast and colon cancer are now often chronic diseases.

But rates of childhood cancer today are 50 percent higher than when the war began. Still taking into account the older age and larger size of our population, cancer deaths overall have fallen just five percent —most of this due to declines in smoking.

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By now it is clear that curing cancer has nothing in common with what was involved in tapping existing technologies to place Neil Armstrong on the moon. In fact, for more than fifty years we have known a lot about how to prevent cancer from developing.

Much of the past effort against cancer has fixated on the wrong enemies, with the wrong weapons. While scientific research concentrates on the genome within, we are ignoring the exposome—all that we breathe, drink, eat and absorb through our skin. As President Bush's Cancer Panel reminded us in 2010, the great majority cases of cancer occur in people born with healthy genes as a result of carcinogenic exposures at work, home, and school.

If we want to win the battle against cancer, we can start with what we've known for half a century to tackle those things known to cause the disease. Ask yourself this: Why did we wait until nearly forty years after tobacco was understood to cause cancer and other diseases before mounting a major effort to curtail its production and use? What took us so long to reduce the amount of benzene in gasoline or toxic flame retardants in our waters, food, furniture, bedding, fabrics and breastmilk?

The answers have less to do with science, and more to do with the power of highly profitable industries that rely on public relations to counteract scientific reports of risks.

Studies of <u>identical twins</u> tell us that most cases of cancer do not arise because of inherited defects. Only <u>one in 10 women</u> who develop breast cancer is born with defective genes.

This means that most cases come about because of ways that our healthy genes interact with the world around us. The list of workplace causes of cancer provides a litany of largely ignored factors. Women who work at night – like nurses or those who work in electronics – have lower levels of melatonin and higher rates of breast cancer. Men who work with chemicals or electromagnetic fields have higher rates of brain cancer and leukemia. Those who work with wood dust and formaldehyde have higher rates of nasal cancer.

One of the most heavily lobbied efforts of modern time, the latest cancer moonshot provides a sop to the drug industry, as steep upticks in pharma stocks are indicating. The global cancer industry spends \$107 billion per year, nearly half in the U.S., with a great deal of those funds going directly to costly drugs and their administration.

In truth cancer is not the business of National Institute of Health (NIH) alone, but a result of policies on energy, buildings, food, manufacturing and even defense. Fossil fuel emissions are not only climate changing greenhouse gases, but also include a soup of toxic agents. The history of American efforts to regulate chemicals makes it clear. It can take three weeks to approve a new chemical and more than thirty years to remove one from the market.

Despite progress in treating relatively rare cancers like chronic myelogenous leukemia, we have made no advances treating the most deadly and advanced forms of the disease such as lung and brain cancer. In many instances of these diseases, costly chemotherapy is little more

than a costly form of psychotherapy.

If we want to win the war on cancer, we need to start with the thousand physical and chemical agents evaluated as possible, probable or known human carcinogens by the <u>International Agency for Research on Cancer of the World Health Organization</u> — encompassing engine exhausts, pesticides, many synthetic chemicals and hormones, and cell phone and wireless radiation.

To reduce the burden of cancer, we must prevent it arising in the first place, and we have to keep the millions of cancer survivors from relapsing. A true moonshot on cancer would require creating a Cabinet-level cancer Czar charged with ensuring procurement and investment decisions in the public and private sectors to discourage the purchase, use and disposal of cancer-cancer agents, as well as seeking innovations in treatment.

The case for prevention is stronger than ever. No matter how efficient we may become at delivering health care, we must reduce the need for treatment by developing policies that avoid known causes of the disease. If we had acted on what has long been known about the industrial and environmental causes of cancer when this national war first began, millions of lives could have been spared — a huge number of casualties for which those who have managed the effort against the disease thus far must answer.

Devra Lee Davis PhD MPH is internationally renowned for her work on environmental health and disease prevention. A former President appointee to the National Chemical Safety and Hazard Investigation Board and a National Book Award Finalist for When Smoke Ran Like Water, she is President of the Environmental Health Trust, a nonprofit devoted to researching and controlling avoidable environmental health threats, and the author of the acclaimed book The Secret History of the War on Cancer, as well as Disconnect, the truth about cell phone radiation. Author of more than 200 publications, she is visiting professor of medicine, The Hebrew University and Ondokuz Mayis University.

The views expressed by contributors are their own and are not the views of The Hill.

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